Title: Post Operative Nausea and Vomiting (PONV) and Application of Nausea/Vomiting (N/V) Scales

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Introduction In the U.S.A. one third of patients undergoing surgery are expected to experience post-operative nausea and vomiting (PONV). (1) Depending on the number of risk factors present, the expected incidence of PONV can be over eighty percent. (2)

Identification of Problem The absence of a clinical pathway order set, and a standardized procedure using risk criteria to properly assess peri-operative patients at risk of PONV leads to an increase in patient’s occurrence of NV.

Purpose/Objectives:

1. Collaborate with anesthesia department in implementing PONV Risk Stratification.
2. Determine level of nurses satisfaction: 0-5 NV scales

Methodology

An evaluative descriptive survey. Consent obtained from surgical patients (N=172) , two groups, control and subject. An integrated PONV risk stratification utilized in the preoperative area with Likert type 0-5 NV scales.

Results: In patients with a risk score of 5, 100% in the control had PONV whereas in study group 33% In laparoscopic cases, 86.7% had PONV in the control group, 39.1% in study group.

Results demonstrate nurses significantly preferred the 0-5 NV scales.

Discussion Application entails documentation and education.

Conclusions: The PONV risk stratification and N/V scales proved to be successful.

Perianesthesia Nurses Implications & Future Research

A collaborative method works to assess risk for N/V. A stratification tool assist in quantifying PONV risk. N/V scales assist in ease of patient’s abilities to communicate to providers.

References

